SUZANNE M PREVOST P-612 DOB 02-02-94

CLAIM NUMBER 319-14-8122 D PC 4 DOC 037

DO NOT WRITE IN THE ABOVE SPACE

1972MAY15

1	Print FULL NAME OF PERSON SHOWN ABOVE	(First Name) SUZANNE (Middle Name or initial — if none, draw line —) MARIE	(Last Name) PREVOST
2	Print FULL NAME GIVEN AT BIRTH	SUZANNE MARIE FONTAINE	
3	PERSON'S PLACE OF BIRTH	(City) (County if known) FRANCE (State)	
4	MOTHER'S FULL NAME AT HER BIRTH (Her maiden name) (Regardless of whether living or dead)	UNKNOWN	
5	FATHER'S FULL NAME (Regardless of whether living or dead)	UNKNOWN	
6	PERSON'S DATE OF BIRTH (Month) (Day) (Year)	FEB 2 '94	
7	PERSON'S PRESENT AGE (Age on last birthday)	78	
8	PERSON'S SEX	MALE ☐ FEMALE ☒	
9	PERSON'S COLOR OR RACE	WHITE ☒ NEGRO ☐ OTHER ☐	
10	HAS THIS PERSON EVER BEFORE APPLIED FOR OR HAD HIS OWN SOCIAL SECURITY NUMBER	NO ☑ DON'T KNOW YES ☐ — If "Yes" Enter that NUMBER HERE if known. DO NOT ENTER THE CLAIM NUMBER SHOWN ABOVE	NONE BDP
11	IF ITEM 10 IS "YES" ALSO COMPLETE THIS LINE	ENTER YEAR / AND THE STATE / AND THE NAME IN WHICH THIS PERSON APPLIED	06 JUN 1972
12	TODAY'S DATE	MAY 1 '72
13	TELEPHONE NUMBER	WO 3 3545
14	SIGNATURE (See instructions Item 14. Do not print.)	Marie Prévost

HAVE YOU COMPLETED ALL ITEMS INCLUDING THE SIGNATURE?

SUZANNE M PREVOST 121 ROYAL AV
ROYAL OAK MICH 48073

FORM SSA-9638 (1-72)

12-080063-10